

Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

NOTICE TO THE INDIVIDUAL WHO IS THE SUBJECT OF THIS FILING

Even if you are no longer registered you continue to be subject to the jurisdiction of regulators for at least two years after your registration is terminated and may have to provide information about your activities while associated with this firm. Therefore, you must forward any residential address changes for two years following your termination date or last Form U-5 amendment to: CRD Address Changes, CRD P.O. Box 9495, Gaithersburg, MD 20898-9495.

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1. GENERAL INFORMATION

First Name:	Middle Name:	Last Name:
Suffix:	Firm CRD #:	Firm Name:
CRD Branch #:	Firm NFA #:	Firm Billing Code:
Individual CRD #:	Individual SSN:	Individual NFA#:
Office of Employment Address Street 1:		Office of Employment Address Street 2:
City:	State:	
Country:	Postal Code:	

Private Residence Check Box If the Office of Employment address is a private residence, check this box. ☐

NOTICE TO THE FIRM

This is the last reported residential address. If this is not current, please enter the current residential address.

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2. CURRENT RESIDENTIAL ADDRESS

This is the last reported residential address. If this is not the current address, enter the correct information.

From (MM/YYYY)

Street Address 1	Street Address 2
City	State
Country	Postal Code

Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

REGISTRATION CATEGORY	NASD	NYSE	AMEX	BSE	CSE	PCX	CBOE	CHX	PHLX	ISE
FE - Floor Employee										
OF - Officer										
CO - Compliance Official (S14)										
CF - Compliance Official Specialist (S14A)										
PM - Floor Member Conducting Public Business (S7A)										
PC - Floor Clerk Conducting Public Business (S7A)										
SC - Specialist Clerk (S21)										
TA - Trading Assistant (S25)										
Other _____ (Paper Form Only)										

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5B. JURISDICTION PARTIAL TERMINATIONS

Mark the appropriate *jurisdiction(s)* for AG (Broker-Dealer Agent) and/or RA (Investment Adviser Representative) termination.

JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>
California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Utah	<input type="checkbox"/>	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Florida	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>	<input type="checkbox"/>

AI (AGENT OF THE ISSUER) TERMINATION ☐

Indicate 2 letter *jurisdiction* code(s): _____

Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

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6. AFFILIATED FIRM TERMINATIONS

Is this a multiple termination with one or more *firms affiliated* with the *filing firm*? ☐ **Yes** ☐ **No**
 If "yes" to the above question and the termination requests for the *filing firm* are identical to the termination requests of each *affiliated firm*, then mark the same termination request for each affiliate. If the termination request of the *affiliated firm(s)* differ from those of the *filing firm*, complete the *SRO* and/or *jurisdiction* sections for each *affiliated firm*.

Affiliated Firm CRD #	Affiliated Firm Name
Affiliated Firm CRD Branch #	Affiliated Firm Billing Code
Office of Employment Address Street 1:	Office of Employment Address Street 2:
City:	State:
Country:	Postal Code:

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7. DISCLOSURE QUESTIONS

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IN SECTION 7 IS "YES", COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S). IF THE INFORMATION IN SECTION 7 HAS ALREADY BEEN REPORTED ON FORM U-4 OR FORM U-5, DO NOT RESUBMIT DRPs FOR THESE ITEMS. REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U-5 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED WORDS.

Investigation Disclosure

	YES	NO
A. Currently is, or at termination was, the individual the subject of an <i>investigation</i> or <i>proceeding</i> by a domestic or foreign governmental body or <i>self-regulatory organization</i> with jurisdiction over <i>investment-related</i> businesses?	<input type="checkbox"/>	<input type="checkbox"/>

Internal Review Disclosure

	YES	NO
B. Currently is, or at termination was, the individual under internal review for fraud or wrongful taking of property, or violating <i>investment-related</i> statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>

Criminal Disclosure

	YES	NO
C. While employed by or associated with your <i>firm</i> , or in connection with events that occurred while the individual was employed by or associated with your <i>firm</i> , was the individual:		
1. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. convicted of or did the individual plead guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>charged</i> with a <i>misdemeanor</i> specified in item 7(C)(3)?	<input type="checkbox"/>	<input type="checkbox"/>

Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

Regulatory Action Disclosure

- | | YES | NO |
|--|--------------------------|--------------------------|
| D. While employed by or associated with your firm, or in connection with events that occurred while the individual was employed by or associated with your firm, was the individual <i>involved</i> in any <i>disciplinary action</i> by a domestic or foreign governmental body or <i>self regulatory organization</i> (other than those designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission) with jurisdiction over the <i>investment-related</i> businesses? | <input type="checkbox"/> | <input type="checkbox"/> |

Customer Complaint Disclosure

- | | YES | NO |
|--|--------------------------|--------------------------|
| E. 1. In connection with events that occurred while the individual was employed by or associated with your firm, was the individual named as a respondent/defendant in an <i>investment-related</i> , consumer-initiated arbitration or civil litigation which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> and which: | | |
| (a) is still pending, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or; | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) was settled for an amount of \$10,000 or more. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In connection with events that occurred while the individual was employed by or associated with your firm, was the individual the subject of an <i>investment-related</i> , consumer-initiated complaint, not otherwise reported under question 7(E)(1) above, which alleged that the individual was <i>involved</i> in one or more <i>sales practice violations</i> , and which complaint was settled for an amount of \$10,000 or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In connection with events that occurred while the individual was employed or associated with your firm, was the individual the subject of an <i>investment-related</i> , consumer-initiated, written complaint, not otherwise reported under questions 7(E)(1) or 7(E)(2) above, which: | | |
| (a) would be reportable under question 14I(3)(a) on Form U-4, if the individual were still employed by your firm, but which has not previously been reported on the individual's Form U-4 by your firm; or | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) would be reportable under question 14I(3)(b) on Form U-4, if the individual were still employed by your firm, but which has not previously been reported on the individual's Form U-4 by your firm. | <input type="checkbox"/> | <input type="checkbox"/> |

Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

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8. SIGNATURE	
<p>Please Read Carefully</p> <p>All signatures required on this Form U-5 filing must be made in this section.</p> <p>A "Signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.</p> <p>8A. FIRM ACKNOWLEDGMENT This section must be completed on all U-5 form filings submitted by the <i>firm</i>.</p> <p>8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT This section must be completed on amendment U-5 form filings where the individual is submitting changes to Part II of the INTERNAL REVIEW DRP or changes to Section 2 (CURRENT RESIDENTIAL ADDRESS).</p>	
8A. FIRM ACKNOWLEDGMENT	
I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND WITH THIS FORM.	
Person to contact for further information _____	Telephone # of person to contact _____
Signature of Appropriate Signatory _____	Date (MM/DD/YYYY) _____
Type or Print Name of Appropriate Signatory _____	
8B. INDIVIDUAL ACKNOWLEDGMENT AND CONSENT	
I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN SECTION 2 (CURRENT RESIDENTIAL ADDRESS) AND/OR IN PART II OF THE INTERNAL REVIEW DRP.	
Individual Signature _____	Date (MM/DD/YYYY) _____
Type or Print Name of Individual _____	

Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

DISCLOSURE REPORTING PAGES	
	Rev. Form U-5 (3/2002)
Criminal DRP	

This Disclosure Reporting Page is an ☐ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative response to **Questions 7(C)(1), 7(C)(2), 7(C)(3) and 7(C)(4)** of Form U-5;

Check item(s) being responded to:

☐ **7(C)(1)**
☐ **7(C)(2)**
☐ **7(C)(3)**
☐ **7(C)(4)**

Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the above items. Multiple counts of the same charge arising out of the same event should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out the same event, must be reported on separate DRPs. **Applicable court documents (i.e., criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be provided to the CRD if not previously submitted.**

1. Formal Charge(s) were brought in: (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

2. **Event Disclosure Detail** (Use this for both organizational and individual charges.)

A. Date First Charged (MM/DD/YYYY):

☐ **Exact**
☐ **Explanation**

If not exact, provide explanation:

- B. Event Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: 1. number of counts, 2. felony or misdemeanor, 3. plea for each charge, and 4. product type if charge is *investment-related*):

C. Did any of the Charge(s) within the Event involve a *Felony*? ☐ **Yes** ☐ **No**

D. Current status of the Event? ☐ **Pending** ☐ **On Appeal** ☐ **Final**

E. Event Status Date (complete unless status is Pending) (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

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3. **Disposition Disclosure Detail**

Include for each charge, A. Disposition Type [e.g., convicted, acquitted, dismissed, pretrial, etc.], B. Date, C. Sentence/Penalty, D. Duration [if sentence - suspension, probation, etc.], E. Start Date of Penalty, F. Penalty/Fine Amount and G. Date Paid.

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4. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred. (The information must fit within the space provided.)

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Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

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Customer Complaint DRP

This Disclosure Reporting Page is an ☐ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative response to **Questions 7(E)(1), 7(E)(2) and 7(E)(3)** of Form U-5;

Check item(s) being responded to:

☐ 7(E)(1)(a)
 ☐ 7(E)(1)(b)
 ☐ 7(E)(1)(c)
 ☐ 7(E)(2)
 ☐ 7(E)(3)(a)
 ☐ 7(E)(3)(b)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint. Use a separate DRP for each customer complaint.

1. Customer Name(s):

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing Firm when activities occurred which led to the complaint:

4. Date Complaint was received (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

5. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:



6. Principal Product Type: _____

Other Product Types:



7. Alleged Compensatory Damage Amount: _____

8. Is complaint pending? ☐ Yes ☐ No

9. If the complaint is not pending, provide status:
If status is settlement, complete questions 11 and 12;
if status is arbitration/reparation, complete questions 13-19;
if status is litigation, complete questions 20-27. Complete question 28 for all statuses.

☐ No Action ☐ Withdrawn ☐ Denied
☐ Settled ☐ Arbitration/Reparation ☐ Litigation

10. Status Date (MM/DD/YYYY): _____

☐ Exact ☐ Explanation

If not exact, provide explanation:



11. Settlement Amount (if settled without Arbitration, Litigation or Reparation): _____

12. Individual Contribution Amount: _____

IF ARBITRATION OR CFTC REPARATION

13. Arbitration/Reparation claim filed with (NASD, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

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14. Date notice/process was served (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

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15. Is arbitration/reparation pending? ☐ **Yes** ☐ **No**

16. If the arbitration/reparation is not pending, what was the disposition?

17. Disposition Date (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

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18. Amount of Monetary Compensation (award, settlement, reparation amount): \$ _____

19. Individual Contribution Amount: \$ _____

IF CIVIL LITIGATION

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

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21. Date notice/process was served (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

22. Is the civil litigation pending? ☐ **Yes** ☐ **No**

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

25. Amount of Monetary Compensation (judgment, restitution, settlement amount): \$ _____

26. Individual Contribution Amount: \$ _____

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

_____ ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

28. Provide details as to dispositions, including any limits or conditions. (The information must fit within the space provided.)

Individual Name:	SSN:
Individual CRD:	Firm CRD#:

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Internal Review DRP

This Disclosure Reporting Page is an ☒ **INITIAL** OR ☐ **AMENDED** response to report details for affirmative responses to **Question 7(B)** of Form U-5;

Check item(s) being responded to:

<input type="checkbox"/> 7(B)

Part I

1. Notice Received From: (Name of firm initiating the internal review):

2. Date internal review initiated (MM/DD/YYYY):

_____ ☒ **Exact** ☐ **Explanation**

If not exact, provide explanation:

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3. Describe briefly the nature of the internal review or details of the conclusion. (The information must fit within the space provided.):

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4. Date internal review concluded (MM/DD/YYYY):

_____ ☒ **Exact** ☐ **Explanation**

If not exact, provide explanation:

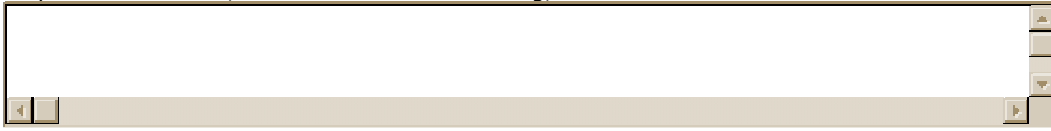
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Part II

INDIVIDUAL SUBJECT MAY USE THIS SPACE FOR DETAILS TO AFFIRMATIVE ANSWERS OF ITEM 15 ONLY

The individual who is the subject of the internal review may provide a brief summary of this event. The summary must fit within the space provided below. This summary may be submitted electronically to the CRD by the terminating firm or

may be sent to: CRD, P.O. Box 9495 Gaithersburg, MD 20898-9495.



Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

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Investigation DRP	
This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL OR <input type="checkbox"/> AMENDED response to report details for affirmative responses to Item 7(A) of Form U-5;	
Check item(s) being responded to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> 7(A) </div>	
If the <i>investigation</i> has been concluded without formal action, complete items 1, 2, 3 and 4 of this DRP to update. One event may result in more than one <i>investigation</i> . If more than one authority is investigating, use a separate DRP to provide details.	
1. Notice Received From: (Name of Regulator, Agency, SRO, etc. initiating the <i>investigation</i>): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. Notice Date(MM/DD/YYYY): <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 10px;"></div> <div style="display: flex; gap: 10px;"> <input type="checkbox"/> Exact <input type="checkbox"/> Explanation </div> </div> If not exact, provide explanation: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
3. Describe briefly the nature of the <i>investigation</i> , if known, or details of the resolution. (The information must fit within the space provided.): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
4. Date Resolved (MM/DD/YYYY): <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 10px;"></div> <div style="display: flex; gap: 10px;"> <input type="checkbox"/> Exact <input type="checkbox"/> Explanation </div> </div> If not exact, provide explanation: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	

Individual Name:	SSN:
Individual CRD#:	Firm CRD#:

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Regulatory Action DRP	
This Disclosure Reporting Page is an <input type="checkbox"/> INITIAL OR <input type="checkbox"/> AMENDED response to report details for affirmative response to Question 7(D) of Form U-5;	
Check item(s) being responded to:	
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <input type="checkbox"/> 7(D) </div>	
One event may result in more than one affirmative answer to the above item. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.	
1. Regulatory Action initiated by: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> SEC <input type="checkbox"/> Other Federal <input type="checkbox"/> State <input type="checkbox"/> SRO <input type="checkbox"/> Foreign </div> <p>(Full name of regulator, foreign financial regulatory authority, Federal, State, SRO or commodities exchange)</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>	
2. Principal Sanction: <div style="margin-top: 5px;"> Other Sanctions: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div> </div>	
3. Date Initiated (MM/DD/YYYY): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Exact <input type="checkbox"/> Explanation </div> <p>If not exact, provide explanation:</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>	

4. Docket/Case Number:

5. Employing Firm when activity occurred which led to the regulatory action:

6. Principal Product Type:

Other Product Types:

7. Describe the allegations related to this regulatory action. (The information must fit within the space provided.):

8. Current status ? ☐ Pending ☐ On Appeal ☐ Final

9. If on appeal, regulatory action appealed to: (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

11. Resolution Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions Ordered? (Check all appropriate items):

- | | |
|--|---|
| <input type="checkbox"/> Monetary/Fine Amount: \$ _____ | |
| <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Disgorgement/Restitution |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Cease and Desist/Injunction |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Suspension |

B. Other Sanctions Ordered:

C. Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against the individual, date paid and if any portion of penalty was waived:

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates. (The information must fit within the space provided.)

